ESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-5747 FAX: (208) 364-1811

Requests for Additional Services Early Periodic Screening, Diagnosis & Treatment (EPSDT)

If children (up to the age of 21) need medically necessary services that exceed the Medicaid limitations, the state Medicaid program can approve the additional services through the Early Periodic Screening, Diagnosis & Treatment (EPSDT) benefit. When a child's primary care provider (PCP) determines during a well-child check-up that the child needs additional treatment for a health condition, the PCP orders the services for the child. If the services can't be provided by the PCP, the PCP will make a referral to an appropriate service provider.

Prior to obtaining the additional treatment/services, the parents/guardians **must** submit the following to the Medicaid program for authorization:

- Request for Additional Services parent/guardian must complete this form
- Required documentation (by type of service requested) on the checklist form
- Service Provider Statement of Need The provider who will deliver the services must complete this form.
- Primary Care Provider Statement of Need The child's PCP must complete this form.

The parent/guardian must collect **all** the necessary documents and send them to the Department of Health and Welfare. Parents/Guardians can submit documents using any of the following methods:

• E-mail the information to: **EPSDT Request@dhw.idaho.gov**.

• Fax the information to: 208-364-1811, Attention: EPSDT Request.

• Mail the information to: EPSDT Request

RICHARD M. ARMSTRONG - Director

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After all of the required documents are on file, staff who serve as subject matter experts for the types of services requested will review the information. In about two weeks, parents/guardians will receive a response from the department telling them whether the services were approved or denied.